

Chapter Ten

Dual Participation & Participant Disqualification

Policy

The Arizona WIC Program (State agency and its local agencies) will implement policies and procedures for the detection of dual participation within the Arizona WIC Program, the Commodity Supplemental Food Program (CSFP), and the InterTribal Council of Arizona (ITCA) WIC Program and Navajo Nation (NN) WIC Programs.

The Arizona WIC Program (State agency and its local agencies) will implement policies and procedures for the detection of fraud and abuse within the Arizona WIC Program. Program Integrity will be maintained through written policies and procedures which require appropriate behaviors on the part of the WIC staff, vendors, and participants, monitoring of all aspects of the WIC program, auditing by state and federal staff, and investigation of any report regarding alleged participant abuse which as reported to the State of Local agency. The State agency will work with the Attorney General's Office in investigating cases of alleged fraud and abuse.

Written Agreement

The Arizona WIC Program has an agency agreement with the Navajo Nation WIC and the InterTribal Council of Arizona WIC Programs for the detection and prevention of dual participation.

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In this chapter

This chapter is divided into eight (8) sections and one (1) appendix which detail determination of dual participation with other Arizona WIC local agencies, Navajo Nation WIC, ITCA WIC, or CSFP. It also describes the mechanism for participant disqualification, and who is responsible for the actions needed.

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Section A

Dual Participation Within the Arizona WIC Program

Dual Participation Reports

The purpose of the Dual Participation Report is to detect potential dual participation within the Arizona WIC Program. Each local agency will review and reconcile the Dual Participation Report at the beginning of each day and place it in the daily file for that day or a central file.

For instructions on reconciling the report, refer to your Local Agency User Manual.

Follow-up Procedure

The local agency designated to follow-up with the participant will:

- Terminate, immediately, the participant from one program or clinic regardless of whether or not the dual participation was deliberate.
- Determine if the participant was informed of, and understood, the illegality of dual participation;
- Take corrective action depending upon the participant's understanding of the rules;
- If no deliberate misrepresentation is found, a warning letter should be issued;
- If deliberate misrepresentation is found, the participant may be disqualified immediately from both Programs or clinics as specified in 7 CFR 246.7 (l)(1). Procedures are outlined in 7 CFR 246.12 (u)(2) and 246.23 ©(1) of the Federal Register;
- Notify the State agency in writing of the dual participation and the actions taken within 15 working days of discovery.

Note: A show-cause hearing may be held if requested by the participant or to determine if a deliberate misrepresentation was involved.

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Section B

Dual Participation With Other WIC State Agencies

**InterTribal Council
of Arizona (ITCA)
WIC and Navajo
Nation (NN) WIC**

- ITCA and Navajo Nation WIC Programs will produce a disk record of all active clients.
 - The disks will be mailed to the State Agency according to quarterly schedule.
 - A Dual Participation Report which lists all possible dual participants (Arizona WIC/ITCA WIC/Navajo Nation WIC/Arizona CSFP) will be produced and followed up by the State agency.
 - The State agency/ITCA/Navajo Nation will contact the local agencies involved to determine if dual participation has occurred. If no dual participation is found, the report will be signed and dated by the reviewer. The reports will be retained by the State agency according to the schedule established in Chapter Fifteen (15): Records and Reports.
 - If dual participation is discovered, the State agency will coordinate appropriate action with ITCA or Navajo Nation according to procedures outlined in Section A.
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Section C

Dual Participation with the Commodity Supplemental Food Program (CSFP)

Data Submission Local agencies will enter information in AIM on all persons enrolled in CSFP.

Local Agency Responsibility Local agencies will investigate all persons who appear on the WIC/CSFP dual participation to determine whether or not dual participation is occurring.

All cases of suspected dual participation are to be reported in writing to the State agency immediately and the final resolution should be reported as soon as possible.

Note The Arizona WIC Program and the Navajo Nation and ITCA WIC Programs will have a written agreement made prior to the operation within the same area which states the procedures for detection of dual participation.

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Section D

Participant Disqualification

Definition	Program abuse occurs when someone knowingly attempts to obtain benefits and services through the use of fraudulent means such as misrepresenting information, changing documents, etc.
Government Accounting Office (GAO) Definition	Participant Violation: Activities or actions of WIC participants or their Authorized Representatives or proxies taken to obtain benefits to which they are not entitled and/or to misuse benefits they receive. Activities and actions include, but are not limited to, misrepresenting facts that are used to determine eligibility (e.g. income, age of children, existence of children, address, etc.); exchanging food vouchers for non-approved items (e.g., cash, alcohol, or tobacco products, sundries, etc.); selling or giving away food obtained with vouchers; participating at more than one local WIC agency simultaneously; or verbally/physically abusing WIC vendors and/or WIC staff.
Policy	<p>Arizona WIC Program participants shall be disqualified when documentation verifies that participant abuse has occurred. Participant abuse includes, but is not limited to:</p> <ul style="list-style-type: none">• Intentionally making a false or misleading statement;• Intentionally misrepresenting, concealing, withholding facts to obtain benefits;• Sale of supplemental foods or food instruments to or exchange with, other individuals or entities;• Receipt from food vendors of cash or credit toward purchase of unauthorized food or other items of value in lieu of authorized supplemental foods;• Verbal/Physical abuse, threat of physical abuse of clinic or vendor staff, or otherwise causing a disruption at the WIC Clinic.
Time Frame	Disqualification is not to exceed a period of one (1) year. Sanctions may be imposed, and warnings may be issued prior to the impositions of sanctions.

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Mandatory Procedures

State and Local agency procedures which must be followed are in Sections F and G.

Participants Rights & Responsibilities When Disqualified

Participants shall be provided with a minimum of 15 calendar days written notice prior to an adverse action. This is to allow the participant time to request and appeal.

Participants have the right to appeal any adverse action at a show cause meeting, a fair hearing, or an informal settlement conference.

Participants will be required to reimburse the program for benefits received as a result of an intentional attempt or the actual commission of fraud.

Infant/Child Disqualification

When the participant being disqualified is an infant or a child, his/her Authorized Representative is the one to be disqualified. The infant or child can continue to receive benefits and participate during disqualification if another Authorized Representative can be designated. However, if the replacement Authorized Representative violates program rules, the participant (infant/child) will be suspended for the remainder of the original suspension. If the authorized representative represents multiple infants and/or children, all infants and children can remain on the program under the preceding conditions.

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Section E

Participant Disqualification for Program Fraud/Abuse

Definition

An attempt to commit or the commission of program abuse shall result in disqualification from the WIC Program for a period of time of thirty (30), forty-five (45), seventy-five (75), or ninety (90) days. The following are some examples of program abuse. The State agency reserves the right to suspend participants for other actions not listed here if the participants violate program rules.

Disqualification without warning

These serious violations of program integrity shall result in disqualification without any verbal or written warning.

- Altering a food instrument to obtain more food (changing the amounts of the foods on the draft);
- Altering the dates on the food instrument in order to use a food instrument that is not valid;
- Exchanging a food instrument for cash, credit, or items not authorized for purchase;
- Selling a food instrument;
- Selling WIC authorized foods purchased with a food instrument;
- Stealing a food instrument;
- Knowingly and deliberately misrepresenting any information or circumstances to obtain benefits, e.g. misrepresentation of identity, income, residence, family size, health status, pregnancy, or date of birth.
- Knowingly and deliberately participating at two (2) WIC clinics, in two (2) WIC programs, or in WIC and CSFP at the same time.
- Verbal/Physical abuse, threat of physical abuse of clinic or vendor staff, or otherwise causing a disruption at the WIC Clinic as documented by the clinic supervisor.

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Disqualification with warning

Three (3) documented intentional violations of any combination of the violations listed below or any other intentional violation may result in disqualifications. These would include 3 of a kind or a combination of different types. The intentional violations shall be documented on the "Program Abuse Warning Form" for a total of two (2) warnings. The two (2) warnings must be issued within a 12 month period.

Disqualification will be made upon the third intentional violation of the program rules listed below. If the combination of the intentional violations includes different periods of disqualification, the participant shall be disqualified for the maximum period of time. Procedures listed in section F and G must be followed.

Thirty (30) Calendar Days

- Food Instruments made out for more than the standard limit;
 - Food Instruments used to purchase unauthorized foods equaling \$99 or less;
 - Cashing a food instrument before the "Date of Issue" or after the "Date Valid To";
 - Failing to sign food instruments at the time of purchase;
 - Cashing food instruments which were reported lost or stolen;
 - Purchasing formula other than that specified on the food instruments.
-

Forty five (45) calendar days

Allowing the food instruments or ID folder/transfer card to be used by a person other than those authorized on the ID folder;

Seventy five (75) calendar days

Cashing food instruments at an unauthorized vendor.

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Ninety (90) calendar days

Exchanging food purchased with a WIC food instrument for unauthorized food, non-food items, cash, or credit. Altering a food instrument to obtain more food (changing the amounts of the foods on the draft);

Altering the dates on the food instrument in order to use a food instrument that is not valid;

Exchanging a food instrument for cash, credit, or items not authorized for purchase;

Selling a food instrument;

Selling WIC authorized foods purchased with a food instrument;

Stealing a food instrument;

Knowingly and deliberately misrepresenting any information or circumstances to obtain benefits, e.g. misrepresentation of identity, income, residence, family size, health status, pregnancy, or date of birth.

Verbal/Physical abuse, threat of physical abuse of clinic or vendor staff, or otherwise causing a disruption at the WIC Clinic as documented by the clinic supervisor.

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1 Year

Any intentional violation that results in a claim of one hundred dollars (\$100) or more.

Knowingly and deliberately participating at two (2) WIC clinics, in two (2) WIC programs, or in WIC and CSFP at the same time.

Any second or subsequent claim for an intentional violation of program rules.

Exception

The State Agency may decide not to impose a mandatory disqualification if, within thirty (30) days of receipt of the letter demanding repayment, full restitution is made or a repayment schedule is agreed on, or in the case of a participant who is an infant, child, or a woman under the age of 18, the State agency or local agency approves the designation of a proxy.

Reapplication

A participant may reapply for the Program if full restitution is made or a repayment schedule is agreed upon or in the case of a participant who is an infant, child, or a woman under the age of 18, approves the designation of a proxy.

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Section F

Disqualification – State Agency Responsibilities

**Legal
Consultation**

The State agency will consult with the Attorney General's Office in cases of alleged fraud and abuse.

**Verify
Documentation**

Verify the information on the Arizona WIC Program Warning or Disqualification forms and the accompanying documentation of program abuse.

Determine Cost

Determine the amount of funds improperly received by the participant.

**Request
Reimbursement**

Send a registered letter with a return receipt requested to the participant demanding reimbursement for all WIC benefits improperly received.

Forward Requests

Forward to the ADHS Administrative Counsel for corrective action any requests for reimbursement for all WIC benefits improperly received.

Special Note

These steps may be altered if the participant requests a show cause or a fair hearing.

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Section G

Disqualification – Local Agency Responsibilities

Documentation	<p>Document all program abuse on the Arizona WIC Program Warning or Disqualification form and the Redemption Error Report, if applicable.</p> <p>Local agencies should consult with the State agency prior to taking action. In all cases where program abuse is alleged against the participant, the local agency shall send a copy of the Disqualification form and accompanying documentation to the State agency.</p>
Counseling	<p>Counsel the participant on program requirements to make sure that s/he understands what s/he did wrong. Go over the Program Abuse Warning Form. This form is for participants that have violated the program rules, but who will not be disqualified at this time.</p> <p>Note: If the participant does not acknowledge that s/he understands the rules, it may indicate that the instructions originally given to the participant were not clear. This may indicate a need to re-evaluate program education regarding the way rules and regulations are presented.</p>
Involve Participant	<p>Have the participant sign the Arizona WIC Program Warning or Disqualification form.</p> <p>Give the participant a copy of the signed form and place a copy of the form in the participant's record.</p> <p>Inform the participant of his/her right to appeal program disqualification.</p>
Provide Benefits	<p>Provide the participant with Program benefits (i.e. food package) for a period of fifteen (15) calendar days from the date of written notification of disqualification if a food package is due at the time.</p> <p>Continue to provide program benefits to participants who appeal disqualification within fifteen (15) calendar days of the Advance Adverse Notification period.</p>

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Appendix A: Forms

Arizona WIC Program Program Disqualification Form

Participant: _____ I. D. Number: _____

Authorized Representative (if different): _____

Agency: _____ Clinic: _____

I understand that I am being disqualified from the WIC Program from _____ until _____ (The actual disqualification period is preceded by a 15 day period in which I may file an appeal. Instructions for the appeal process are listed on the back side of this form.)

If I can find another person to act as the authorized representative for my infant(s) and/or child(ren), they will be allowed to remain on the program through the disqualification period. I understand if there is a further incident of program abuse my family will be disqualified from receiving further benefits for the rest of the suspension period.

Attached are the warning forms which I have signed during the past year and/or the violations which are listed below or attached which are serious enough to merit disqualification without prior warning. I have committed or attempted to commit these violations during the last 12 months.

Disqualification without prior warning for a period of **90** calendar days:

- _____ Altering a draft to obtain more food (changing the amounts of the foods on the draft);
- _____ Altering the dates on the draft in order to use a draft that is not valid;
- _____ Exchanging a draft for cash, credit or items not authorized for purchase;
- _____ Selling a draft;
- _____ Selling WIC authorized foods purchased with a draft;
- _____ Stealing a draft;
- _____ Knowingly and deliberately misrepresenting any information or circumstances to obtain Benefits (e.g., misrepresentation of identity, income, residence, family size, health status, pregnancy, or date of birth);
- _____ Knowingly and deliberately participating at two (2) WIC clinics, in two (2) WIC programs or in WIC and CSFP at the same time;
- _____ Physical abuse of clinic staff, vendor staff or anyone connected with the WIC Program

Participant/Authorized Representative

Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____

(The date on which the participant signs this form must be at least 15 days prior to the first day of disqualification. If a food package is due, a half package may be issued.)
ADHS/WIC5

**Arizona WIC Program
Appeal Procedures
Disqualification**

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within fifteen (15) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:

Local Agency WIC Director
Administrative Office of the Local WIC Agency where you receive benefits
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have fifteen (15) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a fair hearing, submit your request to:

Arizona Department of Health Services
Office of the Director
2927 North 35th Avenue
Phoenix, AZ 85017

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

To request for an informal settlement conference, submit the request in writing to:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
WIC Director
2927 North 35th Avenue
Phoenix, AZ 85017

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C., 20250-9410 or call (202)-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Programa de WIC en Arizona
Forma de Descalificacion del Programa

Participante: _____ Numero de Identificacion: _____

Prepresentante Autorizado: _____

Agencia: _____ Clinica: _____

Yo entiendo que me estan descalificando del programa de WIC de hoy _____ hasta _____ (el periodo actual de descalificacion es precedido por un periodo de quince (15) dias en el cual, puedo archivar una apelacion. Las instrucciones para el proceso de aplecion estan localizadas atras de esta forma.)

Si encuentro, orta persona que actue como el representante autorizado de mi infante y/o de mis nino(s), ellos uan a poder permanecer en el programa por el periodo de mi descalificacion. Yo entiendo que si hay cualquier otra forma de abuso de parte de mi familia seremos descalificados para recibir beneficios por el resto del periodo de suspension.

Todas las formas de aviso las cuales e firmado en este ano pasado y/o las violaciones las cuales estan apuntados en lo siguiente o anadidas, y seriamente ameritan la descalificacion sin aviso. Que yo e cometido o e intentado cometer violaciones durante los ultimos doce (12) meses.

Descalificacion sin aviso anticipado por un periodo de noventa (90) dias:

_____ Alterando un cheque para obtener mas comida (cambiando la cantidad de comida en el cheque)

_____ Alterando las fechas en el cheque para usar el cheque que no es valido

_____ Cambiando un cheque por dinero en efectivo, credito, o articulos no autorizados para compras

_____ Vendiendo un cheque.

_____ Vendiendo, comidas autorizadas compradas con un cheque de WIC.

_____ Robando un cheque.

_____ Sabiendo y deliberadamente dando informacion falsa o circunstancias para, recibir beneficios, ejemplo (falsificando sobre identidad, ingreso, residencia, cuantas personas hay en la familia, estado de salud, embarazo, o fecha de nacimiento).

_____ Sabiendo y deliberadamente participando en dos clinicas de WIC, en dos programas de WIC y CSFP al mismo, tiempo.

_____ Abuso fisico al personal de la clinica, vendedor o cualquier otra persona que esta conectada con el programa WIC.

Participante/Representante Autorizado:

Fecha: _____

Firma del Personal: _____

Fecha: _____

Director del Programa: _____

Fecha: _____

Programa de WIC en Arizona

Procedimientos de Apelacion

Si usted no esta de acuerdo con esta decision y desea apelar, solicite su apelacion por escrito dentro de sesenta (60) dias despues de recibir este aviso. En su solicitud ud. debe de incluir todo los datos que ud. cree ameritan consideracion para darle derecho a compensacion o reparacion, la compesacion que ud. solicita. Usted puede solicitar una junta para exponer su caso o una audiencia.

Una junta para exponer su caso es una reunion informal entre ud. El Director de La Agencia Local, el personal de la Agencia Local implicado, y el representante de la Agencia Estatal, que va a presidir la junta sobre la Agencia Local. La decision se hace al terminar la junta.

Para solicitar la junta para exponer su caso, presente la solicitud a:

Director de su Agencia Local del WIC
Oficina Local de Administracion de la Agencia de WIC donde usted recibe beneficios
(Llame al 1-800-252-5942 para el nombre especifico y la direccion)

Si ud no desea solicitar una junta para exponer su caso, ud. puede solicitar una audiencia. La audiencia tambien puede ser solicitada cuando el participante o un representante autorizado no esta de acuerdo con la decision de la junta para exponer su caso. La audiencia es una audiencia administrativa ante un juez de la ley administrativa, y la decision se emite dentro de cuarenta y cinco (45) dias despues de su solicitud inicial a la audiencia. Tiene quince (15) dias, de la fecha que recibio este aviso para solicitar una audiencia de administracion, y la decision se hace dentro de cuarenta y cinco (45) dias despues de su solicitud inicial a la audiencia. Tiene quince (15)dias de la fecha de recibir esta carta para solicitar una audiencia.

En la audiencia, ud tiene el derecho de representarse o ser representado por un pariente, una amistad, o un asesor legal u otro portavoz. Ud. tiene el derecho de traer testigos. El participante tiene el derecho de introducir sus alegaciones, hacer preguntas, o revatir cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar e interrogar testigos opuestos o presentar evidencia que confirma su caso.

Para solicitar una audiencia, presente su solicitud a:

Arizona Department of Health Services
Office of Chronic Disease Prevention and Nutrition Services,
WIC Director
150 N. 18th Avenue, Suite 310
Phoenix, AZ 85007

Ademas la audiencia, de acuerdo con A.R.S. 41-1092.06, tiene el derecho de solicitar **una conferencia informal de resolucio**n. Si ud. solicita una conferencia informal de resolucion, la agencia citara la conferencia dentro de quince (15) dias despues de haber recibido la solicitud. La solicitud tiene que registrarse a mas tardar viente (20) dias antes de la audiencia.

Para solicitar una conferencia inform de resolucion, presente la solicitud por escrito a:

Arizona Department of Health Services
Office of Chronic Disease Prevention and Nutrition Services,
WIC Director
150 N. 18th Avenue, Suite 310
Phoenix, AZ 85007

Si ud. escoje apelar, recibira beneficios del programa durante el proceso de apelacion hasta que el oficial de audiencia llegue a una decision o termine el periodo de certificacion, cualquiera que ocurra primero.

El Departament de Agricultura de los EE.UU. (USDA, siglas en ingles) prohíbe la discriminacion en todos sus programas y actividades en base de raza, color, nacionalidad, genero, religion, edad, impedimentos, credo politico, orientacion sexual, estado civil o familiar. (No todas las bases de prohibicion aplican a todos los programas). Personal con impedimentos que requirean medios alternativos de comunicacion para obtener informacion acerca de los programas (braille, tipografia agrandada, cintas de audio, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llame al (202) 720-2600 (voz y TDD).

Para presentar una queja sobre discriminacion, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-94 10, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador y proporciona igualdad de oportunidades para todos.

**Arizona WIC Program
Program Abuse Warning Form**

Participant: _____ **I. D. Number:** _____

Agency: _____ **Clinic:** _____

Date: _____ **Warning Number:** 1 2 3
(Circle only one)

You have violated the following WIC Program rule(s). Three violations of any one rule or a combination of these violations within a 12 month period may result in disqualification from receiving the benefits of the WIC Program. If you have a combination of violations with different periods of disqualifications, you shall be disqualified for the maximum period. Other violations may be written out and attached to this form.

30 calendar days

- _____ Drafts made out for more than the stated limit
- _____ Drafts used to purchase unauthorized varieties of WIC foods
- _____ Cashing drafts before the "Date Of Issue" or after the "Date Valid To"
- _____ Failing to countersign drafts at the time of purchase
- _____ Redeeming drafts which were reported lost or stolen
- _____ Purchasing formula other than that specified on the draft.

45 calendar days

- _____ Allowing the drafts or ID folder/transfer card to be used by a person other than the person to whom they were issued
- _____ Combining the cost of two (2) or more drafts on one (1) draft.

60 calendar days

- _____ Threatening physical abuse of clinic staff, vendor staff, or anyone connected with the WIC Program.
- _____ Verbally abusing or harassing clinic staff, vendor staff, or anyone connected with the WIC Program.

75 calendar days

- _____ Redeeming drafts at an unauthorized vendor

90 calendar days

- _____ Exchanging food purchased with a WIC draft for unauthorized food, non-food items, cash or credit.

I understand the contents of this document. My current violation(s) and/or any further violation of WIC Program rules and regulations can result in disqualification from the WIC Program at this time or at a later date.

This is your _____ warning. **Date signed:** _____

Participant/Authorized Representative Name: _____

Staff Signature: _____

Arizona WIC Program Appeal Procedures Adverse Action

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within sixty (60) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:

Local Agency WIC Director
Administrative Office of the Local WIC Agency where you receive benefits
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have sixty(60) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

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2927 North 35th Avenue
Phoenix, AZ 85017

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

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To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C., 20250-9410 or call (202)-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Programa de WIC en Arizona Procedimientos de Apelacion Accion Adversa

Si no esta de acuerdo con seta desicion y desea apelar, usted puede solicitar una audiencia justa; la solicitud de apelacion se debe presentar por escrito, dentro de sesenta (60) dias de la fecha en que la agencia le envie por correo la notificacion de accion adversa. La solicitud debe incluir los hechos que usted cree que le ameritan una compensacion y la compensacion que busca.

La junta para exponer su caso es una reunion informal entre ud. El Director de La Agencia Local, el personal de la Agencia Local implicado, y el representante de la Agencia Estatal, que va a presidir la junta sobre la Agencia Local. La desicion se hace al terminar la junta.

Para solicitar la junta para exponer su caso, presente la solicitud a:

Director de su Agencia Local del WIC
Oficina Local de Administracion de la Agencia de WIC donde usted recibe beneficios
(Llame al 1-800-252-5942 para el nombre especifico y la direccion)

Si ud no desea solicitar una junta para exponer su caso, ud. puede solicitar una audencia. La audencia tambien puede ser solicitada cuando el participante o un representante autorizado no esta de acuerdo con la desicion de la junta para exponer su caso. La audencia es una audencia administrativa ante un juez de la ley administrativa, y la desicion se emite dentro de cuarenta y cinco (45) dias despues de la fecha inicial de la solicitud para una audencia. Usted tiene sesenta (60) dias, desde la fecha de recibir esta carta para solicitar una audencia de admistracion.

En la audencia, ud tiene el derecho de representarse a si mismo o ser representado por un pariente, una amistad, o un asesor legal u otro portavoz. Ud. tiene el derecho de traer testigos. El participante tiene el derecho de introducir sus alegaciones, hacer preguntas, o revatir cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar e interrogar testigos opuestos o presentar evidencia que confirma su caso.

Para solictar una audencia, presente su solicitud a:

Arizona Department of Health Services
Office of Chronic Disease Prevention and Nutrition Services,
WIC Director
150 N. 18th Avenue, Suite 310
Phoenix, AZ 85007

Ademas la audencia, de acuerdo con A.R.S. 41-1092.06, tiene el derecho de solicitar **una conferecia informal de resolucion**. Si ud. solicita una conferencia informal de resolucioin, la agencia citara la conferencia dentro de quince (15) dias despues de haber recibido la solicitud. La solicitud tiene que registrarse a mas tardar viente (20) dias antes de la audencia.

Para solicitar una conferecia inform de resolucioin, presente la solicitud por escrito a:

Arizona Department of Health Services
Office of Chronic Disease Prevention and Nutrition Services,
WIC Director
150 N. 18th Avenue, Suite 310
Phoenix, AZ 85007

Si ud. escoje apelar, recibira beneficios del programa durante el proceso de apelacion hasta que el oficial de audencia llegue a una desicion o termine el periodo de certificacioin, cualquiera que ocurra primero.

El Departament de Agricultura de los EE. UU. (USDA, siglas en ingles) prohíbe la discriminacion en todos sus programas y actividades en base de raza, color, nacionalidad, genero, religion, edad, impedimentos, credo politico, orientacion sexual, estado civil o familiar. (No todas las bases de prohibicion aplican a todos los programas). Personal con impedimentos que requieren medios alternativos de comunicacion para obtener informacion acerca de los programas (braille, tipografia agrandada, cintas de audio, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llame al (202) 720-2600 (voz y TDD).

Para presentar una queja sobre discriminacion, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-94 10, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador y proporciona igualdad de oportunidades para todos.